

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	2			1		
5	1		1			
6	1			1		
7	2			1		
8	2			1		
9				1		
10	2			1		
11	2			1		
12	1			1		
13	2			1		
14	2			1		
15	1			1		
16	1			1		
17	2			1		
18	2			1		
19	2			1		
20	1			1		
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26	1		1			
27	1		1			
28	1		1			
29	2			1		
30	2			1		
31	1		1			
32	1		1			
33	2			1		
34	1			1		
35	2			1		
36	2			1		
37	2			1		
38	2			1		
39	1			1		
40	2			1		
41	2	1		1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	5		4			
TOTAL DEP.	40	←	31	←	←	
TOTAL CLAIMS	45		35			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLAIMS						